

## Certificate IV Courses

Course enrolling into:	Full time	Part time
<input type="checkbox"/> CHC41808 Certificate IV in Youth Work	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CHC40508 Certificate IV in Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CHC40408 Certificate IV in Alcohol and Other Drugs	<input type="checkbox"/>	<input type="checkbox"/>

### 1. Personal details

Family Name:\* \_\_\_\_\_

Given name/s:\* \_\_\_\_\_

(\*the name recorded above will appear on results/awards issued)

Preferred name: \_\_\_\_\_

Title:  Mr  Mrs  Ms  Miss  Pastor Other: \_\_\_\_\_

Gender:  Male  Female

Date of birth: \_\_\_\_\_

### 2. Contact details

Street address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal address:\* \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

(\*please state "as above" if same as street address)

Home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### 3. Emergency contact

(\*please state "as above" if same as parent/guardian)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### 4. Place of birth

Were you born in Australia?  Yes  No If no, in which country were you born? \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander origin?  Yes  No

### 5. Employer details

Organisation name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Contact name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 6. Employment details

Of the following categories, which **best** describes your current employment status?

- |   |  |
|---|--|
| <input type="checkbox"/> Full-time employee                   | <input type="checkbox"/> Employed – unpaid family worker     |
| <input type="checkbox"/> Part-time employee                   | <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Unemployed – seeking part-time work |
| <input type="checkbox"/> Employer                             | <input type="checkbox"/> Unemployed – not seeing employment  |

### 7. Schooling

Are you still at school?  Yes  No If yes, name of school: \_\_\_\_\_  
What is your highest completed school level?  Year 12  Year 11  Year 10  Year 9 or lower  
In which year did you complete that school level? \_\_\_\_\_

### 8. Language

Do you speak a language other than English at home?  Yes  No If so, please state: \_\_\_\_\_  
How well do you speak English?  Very well  Well  Not well  Not at all

### 9. Qualifications Achieved

Have you successfully completed any of the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Certificate I                          | <input type="checkbox"/> Diploma or Associate Diploma          |
| <input type="checkbox"/> Certificate II                         | <input type="checkbox"/> Advanced Diploma or Associate Diploma |
| <input type="checkbox"/> Certificate III                        | <input type="checkbox"/> Bachelor or Higher Degree             |
| <input type="checkbox"/> Certificate IV or Advanced Certificate |  |

### 10. Interest in Course

Which of the following best describes your main reason for undertaking this course?

- |   |  |
|---|--|
| <input type="checkbox"/> To get a job                     | <input type="checkbox"/> For personal interest               |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> For self development                |
| <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> It was a requirement of my job   | <input type="checkbox"/> To try a different career path      |
| <input type="checkbox"/> Other (please specify)           |  |

**11. Where did you hear about Teen Challenge's Certificate IV courses?**

- Church
- Radio
- Web search
- Friend
- Conference
- Other (please specify) \_\_\_\_\_

**12. Working with Children/Police Check** \*Not essential for enrolment, however will need for vocational placement.

Do you hold a current Police or Working with Children Check (blue card)?\*

- Yes (please attach a certified copy)
- No (TC Training will contact you)
- Applied

**13. Disabilities**

Do you consider yourself to have a disability, impairment or long-term condition?  Yes  No

If yes, please tick (✓) any applicable boxes:

- Hearing
- Physical
- Intellectual
- Other (please specify) \_\_\_\_\_
- Mental illness
- Learning
- Visual

If available, would you like to receive advice on support services that may assist?  Yes  No

**14. Identity Verification**

For privacy protection and to enable Teen Challenge Training to verify your identity via the phone, please provide a password:

Password

(up to 10 characters and/or numbers)

Password hint

(up to 20 characters)

**15. Privacy Declaration**

Teen Challenge Training is collecting this enrolment information for general student administration as well as for planning, communication, research and evaluation activities undertaken by the organisation. Only authorised personnel of Teen Challenge have access to this information.

If you are under 18 years of age your personal information, progress and results may be disclosed to your parent/guardian. No further access to your enrolment information will be provided to any other organisation or persons without your consent or, unless authorised or required by law, in accordance with the Information Privacy Principles.

**16. Select Electives:**

(please tick ✓)

**Youth Work x3**

- |                          |              |  |
|--------------------------|--------------|--|
| <input type="checkbox"/> | CHCAOD402A   | Work effectively in the alcohol and other drugs sector                                 |
| <input type="checkbox"/> | CHCMH403A    | Establish and maintain communication and relationships to support the recovery process |
| <input type="checkbox"/> | CHCMH404A    | Conduct assessment and planning as part of the recovery process                        |
| <input type="checkbox"/> | CHCMH405A    | Work collaboratively to support recovery process                                       |
| <input type="checkbox"/> | HLTHIR404B   | Work effectively with Aboriginal and/or Torres Strait Islander people                  |
| <input type="checkbox"/> | CHCCS521A    | Assess and respond to individuals at risk of suicide                                   |
| <input type="checkbox"/> | CHCMH408B    | Provide interventions to meet the needs of consumers with mental health and AOD        |
| <input type="checkbox"/> | CHCAOD408A   | Assess needs of clients with alcohol and/or other drugs issues                         |
| <input type="checkbox"/> | CHCAOD411A   | Provide interventions for people with alcohol and other drug issues                    |
| <input type="checkbox"/> | CHCCM404A    | Undertake case management for clients with complex needs                               |
| <input type="checkbox"/> | CHCORG405C   | Maintain an effective work environment   |
| <input type="checkbox"/> | CHCOHS312A   | Follow safety procedures for direct care work  |
| <input type="checkbox"/> | CHCAOD406D   | Work with clients who are intoxicated  |
| <input type="checkbox"/> | CHCCS401B    | Facilitate responsible behaviour   |
| <input type="checkbox"/> | CHCCS426A    | Provide support and care relating to loss and grief                                    |
| <input type="checkbox"/> | CHCCLD315A   | Recognise stages of lifespan development   |
| <input type="checkbox"/> | CHCNET404A   | Facilitate links with other services   |
| <input type="checkbox"/> | CHCYTH301D   | Work effectively with young people   |
| <input type="checkbox"/> | CHCDFV301A   | Recognise and respond appropriately to domestic and family violence                    |
| <input type="checkbox"/> | CHCMH301A    | Work effectively in mental health  |
| <input type="checkbox"/> | CHCGROUP403D | Plan and conduct group activities  |
| <input type="checkbox"/> | CHCMH401A    | Work effectively in mental health settings   |

**Alcohol and Other Drugs x2**

- |                          |              |  |
|--------------------------|--------------|--|
| <input type="checkbox"/> | CHCCD412A    | Work within a community development framework  |
| <input type="checkbox"/> | CHCCS422A    | Respond holistically to client issues and refer appropriately                          |
| <input type="checkbox"/> | CHCICS406A   | Support client self-management   |
| <input type="checkbox"/> | CHCYTH401A   | Engage respectfully with young people  |
| <input type="checkbox"/> | CHCYTH402A   | Work effectively with young people in the youth work context                           |
| <input type="checkbox"/> | CHCYTH403A   | Support young people to create opportunities in their lives                            |
| <input type="checkbox"/> | HLTOHS300A   | Contribute to OHS processes  |
| <input type="checkbox"/> | CHCMH403A    | Establish and maintain communication and relationships to support the recovery process |
| <input type="checkbox"/> | CHCMH404A    | Conduct assessment and planning as part of the recovery process                        |
| <input type="checkbox"/> | CHCMH405A    | Work collaboratively to support recovery process                                       |
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| <input type="checkbox"/> | CHCMH301A    | Work effectively in mental health  |
| <input type="checkbox"/> | CHCGROUP403D | Plan and conduct group activities  |
| <input type="checkbox"/> | CHCMH401A    | Work effectively in mental health settings   |

**17. Student Declaration**

(please tick ✓)

- I have read and understood the Teen Challenge Training Prospectus and Trainee Handbook, and agree to abide by the Code of Conduct and policies and procedures
- I have enclosed a colour photo for my student ID card (or I have emailed it to *student@teenchallengetraining.org.au*)
- I have attached the computer document for entry requirements
- I confirm the accuracy of the information provided
- I have selected elective units as required
- I have arranged payment of fees
- I agree for my image and comments to be used in advertising by Teen Challenge Training
- I understand that my personal information may be disclosed to a registering body official for audit purposes
- I would like to receive information from Teen Challenge Qld on upcoming events, news updates etc
- Credit transfer documents are attached (if applicable)

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**18. Course fees**

**FULL AND PART TIME**

please tick (✓)

**Enrolment Fee** (non-refundable) **\$ 150.00**

**Subject Fees** (GST free)

Payment 1 **\$ 460.00**

**AMOUNT DUE: \$ 610.00**

**INDIVIDUAL UNITS OF COMPETENCY**

please tick (✓)

**Enrolment Fee** (non-refundable) (GST free) **\$ 150.00**

**Subject Fees** (GST free)

Number of units enrolling in \_\_\_\_\_ x **\$115.00** each **\$ \_\_\_\_\_**

**AMOUNT DUE: \$ \_\_\_\_\_**

**19. Payment**

**Cheque/Money Order** (please make cheque or money order payable to 'Teen Challenge Training') Amount:

**Credit Card**

Card type:  Visa  Mastercard Name on Card: \_\_\_\_\_

Card number:

Expiry date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Direct Deposit**

**Bank:** Westpac **Account No.:** 274583

**BSB:** 034 013 **Account Name:** Teen Challenge International Training Account

Deposit date: \_\_\_\_\_ From Account No.: \_\_\_\_\_

Deposit amount: \_\_\_\_\_ From Account Name: \_\_\_\_\_

Reference used (i.e. first and last name) \_\_\_\_\_

**Office Use Only**

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Accredited Courses Entry Requirements

### Must be submitted with enrolment form

In order to enrol in any Certificate IV course, you will need:

- ◆ A sound understanding of English, literacy, numeracy and computer skills

The way we would like you to show evidence of these skills is by creating a computer document that answers a few questions.

We will assess the way you answer the questions in terms of your skills in the use of English, literacy and computer skills, rather than by the actual answers that you give.

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### Prepare a computer processed document that answers the following questions:

1. Why would you like to complete a Certificate IV in Youth Work, Certificate IV in Mental Health Work, or Certificate IV in Alcohol and Other Drugs?
2. What do you believe are your current strengths and weaknesses in relation to youth work?
3. If a young person had \$100 and bought the following, how much money would he/she have left?
  - McDonalds \$5.45
  - New shirt \$29.95
  - Phone card \$20.00
  - DVD \$15.00